

Confirmation Statement

Name

AdTwoModeEmployee Hspl

Employee ID

Address:

Address details are not provided in the workflow

Gender

Male

Date of Birth

06/21/1986

Marital Status

Married

DEPENDENT INFORMATION

AddSpouse Hspl (Spouse)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/1986	Female	---	---
AddChild Hspl (Natural child)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/2015	Male	---	---
AddAnother Child Hspl (Natural child)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/2015	Male	XXXXXX9999	---

EMERGENCY CONTACT**PRIMARY CONTACT**

First Name A	Last Name Hspl	Address ---
City ---	State ---	Postal Code ---
Home Phone 1236547895	Relation Sibling	

SECONDARY CONTACT

First Name ---	Last Name ---	Address ---
City ---	State ---	Postal Code ---
Home Phone ---	Relation ---	

APPROVAL PENDING ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
Supplemental Employee Life (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$60,000.00 (EE cost \$1.20)	\$0.00	\$0.00
Supplemental Employee AD&D (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$60,000.00 (EE cost \$0.60)	\$0.00	\$0.00
Supplemental Spouse Life (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$30,000.00 (EE cost \$0.60)	\$0.00	\$0.00
Supplemental Spouse AD&D (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$30,000.00 (EE cost \$0.30)	\$0.00	\$0.00
Supplemental Child Life (Post-tax) Effective 03/27/2018	AddAnother Child Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.15)	\$0.00	\$0.00

Supplemental Child AD&D (Post-tax) Effective 03/27/2018	AddAnother Child Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.10)	\$0.00	\$0.00
Metlaw 2018 (Post-tax) Effective 03/27/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	\$0.00	\$10.88
2018 Flexible Spending Account (Pre-tax) Effective 03/27/2018- 12/31/2018	Employee Coverage - \$1,500.00	\$0.00	\$78.95
2018 Dependent Care Spending Account (Pre-tax) Effective 03/27/2018- 12/31/2018	Employee Coverage - \$5,000.00	\$0.00	\$263.16

Total Benefit Employee Cost <hr/>	\$352.99	Total Employee Cost <hr/>	\$352.99
		Total Employer Cost <hr/>	\$0.00

Out of Pocket Total Employee Per pay period Deduction	\$352.99
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CURRENT ENROLLMENT SUMMARY			
PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
Short-Term Disability 2018 (Post-tax) Effective 03/01/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	\$0.00	\$0.00

Total Benefit Employee Cost <hr/>	\$0.00	Total Employee Cost <hr/>	\$0.00
		Total Employer Cost <hr/>	\$0.00

Out of Pocket Total Employee Per pay period Deduction	\$0.00
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FUTURE ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
UHC Mid Range POS Medical and Delta Dental PPO (Pre-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) AddSpouse Hspl (Spouse) AddAnother Child Hspl (Natural child)	\$932.63	\$310.88
Short-Term Disability 2018 (Post-tax) Effective 03/01/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	\$0.00	\$0.00
Long-Term Disability (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$1,000.00	\$0.00	\$0.00
Supplemental Employee AD&D (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$20,000.00	\$0.00	\$0.20
Supplemental Spouse Life (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$10,000.00	\$0.00	\$0.20
Supplemental Spouse AD&D (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$10,000.00	\$0.00	\$0.10
Supplemental Child Life (Post-tax) Effective 04/01/2018	AddChild Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.15)	\$0.00	\$0.00
Supplemental Child AD&D (Post-tax) Effective 04/01/2018	AddChild Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.10)	\$0.00	\$0.00
Metlaw 2018 (Post-tax) Effective 04/01/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	\$0.00	\$10.88
2018 Dependent Care Spending Account (Pre-tax) Effective 04/01/2018- 12/31/2018	Employee Coverage - \$500.00	\$0.00	\$27.78

Basic Life and AD&D (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$1.00	\$0.00	\$0.00
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Primary Beneficiary

AddSpouse Hspl (Spouse)	100%
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Supplemental Employee Life (Post-tax) Effective 04/01/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$20,000.00	\$0.00	\$0.40
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Primary Beneficiary

AddSpouse Hspl (Spouse)	100%
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Total Benefit Employee Cost <hr/>	\$350.44	Total Employee Cost <hr/>	\$350.44
		Total Employer Cost <hr/>	\$932.63

Out of Pocket Total Employee Per pay period Deduction	\$350.44
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